



Atty. Dkt. No. 070191-0239 (15-IS-5293)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lamer et al.

Title: PATIENT DATA INFORMATION SYSTEM

Appl. No.: 09/474,569

Filing Date: 12/29/1999

Examiner: Tran, M.

Art Unit: 2174

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.

Karen Meier
(Printed Name)
Karen Meier
(Signature)
October 16, 2002
(Date of Deposit)

RECEIVED

OCT 23 2002

Technology Center 2100

Box NON-FEE AMENDMENT

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted are the following in the above-identified application:

Amendment Transmittal (2 pgs.).

Amendment with attached "Version With Markings to Show Changes Made" (20 pgs.).

Request to Approve Drawing Changes (2 pgs., plus six (6) sheets of attached Figures - (FIGS. 1-6) (with changes noted in red ink).

The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	31	31	= 0	x \$18.00 =	\$0.00
Independents:	3	3	= 0	x \$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:			+ \$280.00 =		\$0.00
			CLAIMS FEE TOTAL:	=	\$0.00

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 07-0845.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/16/02

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By Jean M. Tibbets

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